

HUISARTS HEES-NEERBOSCH



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To ensure an easy registration we ask you to :

1. Fill in this form as completely as possible
2. Before handing in your completed form make sure you have the following items with you:
A copy of your passport, insurance policy and an up to date medical registration
3. Contact your former G.P. and ask them to send your medical records to our office

PERSONAL DATA:

Surname:	male <input type="radio"/> female <input type="radio"/>
Name:	Initials:
Date of birth:	Nationality:
Home address:	
Postal code:	City:
Mobile phone/landline:	
Email-address:	
Emergency contactperson + tel.nr:	
Name health insurance:	Uzovi code:
Health insurance number:	
Social security number:	Farmacy:
Former G.P. and city:	

Health and diseases:

<p>1. Have you suffered from:</p> <ul style="list-style-type: none"><input type="checkbox"/> Diabetic<input type="checkbox"/> COPD, asthma or bronchitis<input type="checkbox"/> High blood pressure<input type="checkbox"/> Heart and vascular diseases<input type="checkbox"/> Burn out<input type="checkbox"/> Depression or anxieties<input type="checkbox"/> Eating disorder<input type="checkbox"/> Liver or bowel diseases<input type="checkbox"/> Continuous joint complaints<input type="checkbox"/> Thyroid diseases<input type="checkbox"/> Other serious diseases: <p>1. If so, are you currently visiting a specialist ?</p> <ul style="list-style-type: none"><input type="checkbox"/> No<input type="checkbox"/> Yes, With specialism? <p>-----</p> <p>2. Did members of your family suffer from one of the following diseases</p> <ul style="list-style-type: none"><input type="checkbox"/> Diabetic<input type="checkbox"/> Heart and vascular disease<input type="checkbox"/> Asthma<input type="checkbox"/> Cancer, what kind of cancer? <p>-----</p>	<p>3 Are there any special or serious events in your life or history we need to know about ?</p> <p>-----</p> <p>-----</p>
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Thank you for filling in this form, are there any questions? Please contact one of our nurses, they will be happy to help you.

Please sign all these forms and hand them over, together with the copies of your passport and insurance policy.

Date: - - **Signature:**